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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR			Attorney Docket Number	2001-0134.02	
DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Inventor	Timperman, Michael Ray		
		COMPLETE IF KNOWN			
		Application Number			
☑ Declaration   Submitted OR with Initial Filing	F	odomittod ditoi iiitidi	Filing Date		
	OR L		Group Art Unit		
	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			

As a below named i	nventor, I he	ereby declare that:				<del>.</del>	
My residence, post of	fice address,	and citizenship are	as stated below nex	t to my	name		
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.							
Data Packet (	Commun	ication Devi	ce				
the specification of v  IS attached he	-	(Titi	le of the Invention)		1		<b>---</b>
was filed on (N	IM/DD/YYYY	)	a	s United	d States Applicat	on Number or P	CT International
Application Number		and w	as amended on (MN	1/DD/Y	m		(if applicable)
I hereby state that I ha amended by any amer	re reviewed a	and understand the fically referred to ab	contents of the abov	e identi	fied specification	, including the cl	<b>-</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
I acknowledge the duty	to disclose	information which is	material to patentab	ılıty as o	defined in 37 CFI	R 1 56	
I hereby claim foreign priority benefits under 35 U S C 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed							
Prior Foreign Applicati Number(s)	on	Country	Foreign Filing (MM/DD/YYY		Priority Not Claimed	Certified Co	ppy Attached? NO
Additional foreign ap	olication num	nbers are listed on a	supplemental priorit	v data s	sheet PTO/SB/02	B attached here	to
I hereby claim the bene	fit under 35	USC 119(e) of any	United States provi	sional a	application(s) list	ed below	
Application Num	per(s)		(MM/DD/YYYY)			3.3	
					number suppler	nal provisional rs are listed on mental priority B/02B attached	a data sheet
		L					

[Page 1 of 2]
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Post Office Address

City

Versailles

Additional inventors are being named on the

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a valid OMB control number **Utility or Design Patent Application DECLARATION** -I hereby claim the benefit under 35 U S C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U S C 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56 which became available between the filing date of the prior application and the application. and the national or PCT international filing date of this application U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Number Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith X Customer Number 21972 Place Customer OR Number Bar Code Registered practitioner(s) name/registration number listed below abel bere Registration Registration Name Name Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to X Customer Number OR Correspondence address below 21972 or Bar Code Label Name Address Address City State ZIP Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U S C 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Timperman Michael Ray Inventor's 9-19.2001 Signature Date Versailles USA **USA** Residence City Citizenship 704 Beaver Park Post Office Address

40383

**USA** 

Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if a	Name of Additional Joint Inventor, if any:     A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any	1)		Family Name or Surname					
Jason Eric			Wal	ldeck				
Inventor's Jason Eric Walde	L					Date 9/19/2001		
Residence: City Lexington State KY				Country USA		Citizenship USA		
Mailing Address 3677 Park Pointe Drive				·				
Mailing Address								
City Lexington	State	KY		ZIP 40509 Country USA				
Name of Additional Joint Inventor, if a	ny:			A petition has been f	filed for th	his unsigned inventor		
Given Name (first and middle [if any	])			Family Name or Surname				
Inventor's Signature					-	Date		
Residence: City	State	e	Country			Citizenship		
Mailing Address		····						
Mailing Address								
City	State	ie		ZIP	Co	untry		
Name of Additional Joint Inventor, if a	ny:		/	A petition has been fil				
Given Name (first and middle [if any])			Family Name or Surname					
Inventor's Signature					Date			
Residence: City	State			Country		Citizenship		
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